

Department of Labor & Industries  
Apprenticeship Section  
PO Box 44530  
Olympia WA 98504-4530



# REQUEST FOR CHANGE OF STATUS

APPRENTICESHIP/TRAINING AGREEMENTS and  
TRAINING AGENTS

L&I apprenticeship coordinator

From: (sponsor name and number)				Date:
Registration or Training Agent Number	Name (Apprentice/OJT or Training Agent)	Occupation	Action (state reason if required)	Effective date

**“Action” may be one of the following:**

- |  |   |
|--|---|
| 1. Certificate of Completion (specify hours at completion) | 6. Correction (specify)                               |
| 2. Additional Credit                                       | 7. Step (i.e. period, bracket) upgrade (specify step) |
| 3. Suspend (i.e. abeyance) (State reason)                  | 8. Probation completion date (specify hours)          |
| 4. Reinstate   | 9. Other (i.e. name change, address, etc.)            |
| 5. Cancel (state reason)                                   | 10. Work hour additions (specify # of hours added)    |

**Note: Administrative changes, i.e. name changes, address changes, etc., do not require minutes; all other changes require minutes of the meeting where that action took place to be submitted with this form.**

The above listed action(s) were approved at Apprenticeship meeting on:

Signature of authorized official